

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

11-14-02

* 01-348

Kevin M. Walsh

Irwin. Campbell & Tannenwald, P.C.

1730 Rhode Island Avenue, N.W.

Suite 200

Washington, DC 20036-

2. Article Number (Copy from service label)

0023 0771 3044

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

NOV 20 2002

☐ Agent☐ AddresseeD. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

DOCKET NO. 01-348

**CERTIFIED
MAIL**

RETURN

RECEIPT

REQUESTED

NAME: Kevin M. Walsh

Irwin, Campbell & Tannenwald, P.C.

1730 Rhode Island Avenue, N.W.

Suite 200

Washington, DC 20036-

C. R. R. NO.

BY

ORDER DATED 11-14-02
DA 02-3173 FCC
MIMEOGRAPH NO.

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

.60

Certified Fee

2.30

Return Receipt Fee
(Endorsement Required)

1.75

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

4.65

Name (Please Print Clearly) (to be completed by mailer)

KEVIN M. WALSH

Street, Apt. No., or PO Box No.

1730 Rhode Island Avenue, N.W.

City, State, ZIP+4

Washington, DC 20036

PS Form 3800, July 1999

See Reverse for Instructions

7000 0600 0023 0771 3044

